

TEST REQUISITION FORM (TRF)



(PLEASE FILL IN CAPITAL LETTERS ONLY):

SADERIN MARAK

Age : **62** Yrs : _____ Months : _____ Days : _____

Sex : Male ☐ Female ☒ Date of Birth :

Ph : _____

Client Details :

SPP Code _____

Customer Name **Acuma Diagnostics Shillong**

Customer Contact No _____

Ref Doctor Name _____

Ref Doctor Contact No _____

Specimen Details:

Sample Collection date : **26.05.23**

Sample Collection Time : **1:00** AM / PM

Specimen Temperature :

Sent

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Received

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

HPK (Left Eye)

Tissue

Histopathology examination of the excised pterygium lesion to rule out neoplastic changes.

24283541

Clinical History:

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.